Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-				
	State:		OHIO				
Citation 1902(a)(52) and 1925 of the Act			Receiving Extended Medicaid Benefits				
	(a)	6-month Section duration categori ATTACHME through	period of extended Medicaid benefits under 1925 of the Act are equal in amount, and scope to services provided to acally needy AFDC recipients as described in CNT 3.1-A (or may be greater if provided a caretaker relative employer's health the plan).				
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are					
		Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (Omay be greater if provided through a caretaker relative employer's health insurance plan) .					
		se re th ir	qual in amount, duration, and scope to ervices provided to categorically needy AFDC ecipients, (or may be greater if provided arough a caretaker relative employer's health asurance plan) minus any one or more of the ollowing acute services:				
		<u></u>	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.				
			Medical or remedial care provided by licensed practitioners.				
		// Home health services.					
TN No	/-/9 Om /OApproval	Date	-16-97				
TN No.	87-18		HCFA ID: 7982E				



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	State:		OHTO
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits
			Private duty nursing services.
		<u></u>	Physical therapy and related services.
		<u></u>	Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
		<i></i> /	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

1-16-92

Approval Date

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Supersedes
TN No. NEW A



7982E

Effective Date

HCFA ID:

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-		
	State:		OHIO		
Citation		<u>ilies Re</u> ntinued)	eceiving Extended Medicaid Benefits		
	(c) <u>/</u> /	fees, for h	egency pays the family's premiums, enrollment deductibles, coinsurance, and similar costs health plans offered by the caretaker's eyer as payments for medical assistance		
			1st 6 months /_/ 2nd 6 months		
		emplo	gency requires caretakers to enroll in yers' health plans as a condition of bility.		
			1st 6 mos 2nd 6 mos.		
(d)// (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:					
			Enrollment in the family option of an employer's health plan.		
		<u></u>	Enrollment in the family option of a State employee health plan.		
		<u></u>	Enrollment in the State health plan for the uninsured.		
		<u></u>	Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).		
TN No. 9 Supersedes	Approval	Date _/	-16-92 Effective Date 10/1/9/		
AND 90	<u>-21</u>		HCFA ID: 7982E		



			314		
Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB N	0.: 0938-
	State: _		OHIO		
	_				
Citation		amilies Continu	Receiving Extered)	nded Medicaid B	enefits
		descr offer	ement 2 to ATTA ibes the alterned, including rients have accety.	ative health ca equirements for	re plan(s) assuring that
	(2)	The a	gency		
		(i)		ums and enrollm for such plan(s	ent fees imposed
	_7	(ii)	Pays all deduc the family for	tibles and coin such plan(s).	surance imposed or
TN No.	Approva	l Date	1-16-92	Effective Dat	e 10/1/91
TN No.	1601_				/ / 1982E
AND 90	9-21				

OFFICIAL

Enrollment in an eligible health maintenance organization (HMO) that has an enrollment of less than 50 percent of Medicaid recipients who are not recipients of extended Medicaid.

Supplement 2 to <u>ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
 - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- /_/ (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. <u>90-97</u> Supersedes TN No.